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**DRAFT 7 – 157.12 – November 19, 2006**

§157.12 Rotor-Wing Air Medical Operations

(a) A rotor-wing air medical provider that advertises and/or operates in Texas is required to have a valid Texas EMS Provider License.

(b) Applicants for an initial rotor-wing air medical provider shall submit a completed Texas EMS Provider License application to the department including the documentation and fees as listed:

(1) A nonrefundable application fee of \$500 per provider plus a vehicle fee of \$180 for each EMS aircraft to be operated under the license shall accompany the application.

(2) A rotor-wing air medical provider, appropriately licensed by the state governments of New Mexico, Oklahoma, Arkansas, or Louisiana may apply for a reciprocal issuance of a Texas EMS Provider License. A nonrefundable application fee of \$500 per provider in addition to a nonrefundable vehicle fee of \$180 for each EMS aircraft to be operated under the license shall accompany the application. **I would consider increasing this fee for out of state providers. There has to be increased cost to go survey these providers.**

(3) If a rotor-wing air medical provider chooses to add EMS ground vehicles under the license, a nonrefundable administrative fee of \$180 for each EMS ground vehicle shall accompany the application. All EMS ground vehicles under the rotor-wing air medical license shall meet the requirements for EMS ground vehicles as described in §157.11 of this chapter.

(c) Initial License and Designations. Candidates who meet all the criteria for licensure shall be issued a provider license. Licenses may be issued for less than two years for administrative purposes. Licensed EMS providers shall comply with all requirements of their license at all times.

(1) Within one year of the approval of the initial license, the provider shall submit a Provider Information Form (PIF) to the Commission on Accreditation of Medical Transport Systems (CAMTS) or make application through another DSHS approved accreditation process. Copies of all documentation will also be submitted to the department.

(2) Licenses. Providers shall be issued a license for a specific number of EMS aircraft, and if applicable, EMS ground vehicles. The license shall be prominently

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displayed in a public area of the rotor-wing air medical provider's Texas headquarters and in the patient compartment of each of the provider's EMS aircraft, and if applicable, EMS ground vehicles.

(3) Transfer of license(s). Licenses are not transferable between providers.

(4) Rotary wing aircraft (helicopters) operated by a licensed emergency medical services (EMS) provider shall be licensed at the mobile intensive care level. Persons or entities operating rotary wing air medical operations must direct and control the integrated activities of both the medical and aviation components. Although the aircraft operator is directly responsible to the Federal Aviation Administration (FAA) for the operation of the aircraft, typically the organization in charge of the medical functions directs the combined efforts of the aviation and medical components during patient transport operations.

(d) When being used as a rotor-wing air ambulance, the helicopter shall:

(1) Be configured so that the medical personnel have adequate access to the patient in order to begin and maintain basic life support treatment;

(2) Have an entry that allows loading and unloading of a patient without excessive maneuvering (no more than 45 degrees about the lateral axis and 30 degrees about the longitudinal axis); and does not compromise functioning of monitoring systems, intravenous (IV) lines, or manual or mechanical ventilation;

(3) have a supplemental lighting system in the event standard lighting is insufficient for patient care that includes:

(A) A self-contained lighting system powered by a battery pack or a portable light with a battery source; and

(B) Means to protect the pilot's night adaptation vision. (Use of red lighting or low intensity lighting in the patient care area is acceptable if not able to isolate that patient care area);

(4) Have an electric power outlet with an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft equipment;

(5) Have protection of the pilot's flight controls, throttles and radios from any intended or accidental interference by the patient, air medical personnel or equipment and supplies; and

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(6) have an internal medical configuration so that air medical personnel can provide patient care consistent with the scope of care of the air medical service, to include:

(A) The space necessary to ensure the patient's airway is maintained and to provide adequate ventilatory support from the secured, seat-belted position of the air medical personnel; **I would suggest stronger language regarding maintaining the airway, like securing the airway, OT intubation, surgical or at least LMA.**

(B) Those aircraft with gaseous oxygen systems have equipment installed so that medical personnel can determine if oxygen is on by in-line pressure gauges mounted in the patient care area. Aircraft using liquid or gaseous oxygen should have equipment installed;

(i) With each gas outlet clearly marked for identification;

(ii) With oxygen flow capable of being stopped at the oxygen source from inside the aircraft; and

(iii) So that the measurement of the liter flow and quantity of oxygen remaining is accessible to air medical personnel while in flight. All flow meters and outlets must be padded, flush mounted, or so located as to prevent injury to air medical personnel; or there shall be an operational policy stating that attendants wear helmets;

(C) Hangers/hooks available to secure (IV) solutions in place or a mechanism to provide high flow fluids if needed:

(i) All IV hooks shall be padded, flush mounted, or so located as to prevent head trauma to the air medical personnel in the event of a hard landing or emergency with the aircraft; or an operational policy stating that attendants wear helmets; and

(ii) Glass containers shall not be used unless required by medication specifications and properly vented;

(D) Provision for medication which allows for protection from extreme temperatures if it becomes environmentally necessary; and

(E) Secure positioning of cardiac monitors, defibrillators, and external pacers so that displays are visible to medical personnel.

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(7) All aircraft, in accordance with the timeline specified in (7) (A) – (C) of this section, shall have an environmental control system capable of heating and cooling, in accordance with the manufacturer specifications, within the patient compartment at all times when responding to or performing patient transport to regulate extremes in temperature for patient comfort and to minimize extremes in temperature variation for the protection of medications:

(A) new applicants for a rotor-wing air ambulance operation license shall have an environmental system (heating and cooling) capable of heating and cooling, in accordance with the manufacturer specifications, within the patient compartment at all times when in service;

(B) any new aircraft added to an existing rotor-wing air ambulance operation license shall have an environmental system (heating and cooling) capable of heating or cooling, in accordance with the manufacturer specifications, within the patient compartment at all times when in service;

(C) all aircraft in the fleet of a rotor-wing air ambulance operation license, shall have an environmental system (heating and cooling) capable of heating or cooling, in accordance with the manufacturer specifications, within the patient compartment at all times when in service within a 5 year period from the date this rule is adopted to become effective.

(e) Responsibilities of the rotor-wing air medical provider. During the license period the provider's responsibilities shall include:

(1) Submit proof that the rotor-wing air medical provider carries bodily injury and property damage insurance with a company licensed to do business in Texas in order to secure payment for any loss or damage resulting from any occurrence arising out of or cause by the operation or use of any of the license holder's aircraft. Coverage amounts shall insure that:

(A) Each aircraft shall be insured for the minimum amount of \$1 million for injuries to, or death of, any one person arising out of any one incident or accident;

(B) The minimum amount of \$3 million for injuries to, or death of, more than one person in any one accident; and

(C) The minimum amount of \$10 million for damage to property arising from any one accident;

(2) Submit proof that the rotor-wing air medical provider carries professional liability insurance coverage in the amount of \$500,00 per occurrence, with a company

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licensed to do business in Texas in order to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the care or lack of care of a patient;

(3) Submit a list of all aircraft with the registration number or "N" number for the helicopters in the possession of the provider;

(4) Allow visual and physical inspection of each aircraft and of the equipment to be used on each aircraft, and if applicable, EMS ground vehicle, for the purpose of determining compliance with the aircraft, and if applicable, EMS ground vehicle and equipment specifications within this section; and

(5) Submit and maintain a current copy of all Federal Aviation Administration certifications, authorizations and prohibitions to include: Air Carrier Certificate or Operating Certificate as applicable; and air ambulance Operations Specifications.

(6) Assuring that all response-ready and in-service EMS aircraft and/or EMS ground vehicles are maintained, operated, equipped and staffed in accordance with the requirements of the provider's license;

(7) Monitoring and taking appropriate action regarding the quality of patient care provided by the service;

(8) Monitoring and taking appropriate action regarding the performance of all personnel involved in the provision of EMS; and ensuring that all personnel are properly certified or licensed;

(9) Assuring that continuing education (CE) training is current in accordance with the requirements in §157.38 of this title (regarding Continuing Education) or other applicable statute/code;

(10) Assuring that all personnel, when on an in-service aircraft, and if applicable, EMS ground vehicle or when on-scene, are prominently identified by name, certification or license level and provider name;

(11) Maintaining confidentiality of patient information;

(12) Assuring that all relevant patient care information is supplied to receiving facilities upon delivery of patients;

(13) Assuring that all requested patient records are made promptly available to the medical director;

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(14) Making available on each aircraft, and if applicable, EMS ground vehicle current protocols, current equipment and supply lists, a copy of the provider license and correct designation;

(15) Monitoring and enforcing general safety policies including at least personal protective equipment, immunizations and communicable disease exposure and emergency vehicle operations;

(16) Assuring ongoing compliance with the terms of first responder agreements;

(17) Assuring that all documents, reports or information provided to the department are current, truthful and correct;

(18) Maintaining compliance with all applicable laws and regulations;

(19) Submission of run response data upon request by department approved method; and

(20) Notification of the department, prior to use, if an aircraft or EMS ground vehicle is added, with submission of the nonrefundable administrative fee if applicable

(21) Notification of the department within 10 days if:

(A) An aircraft, and if applicable, EMS ground vehicle is substituted or replaced;

(B) An aircraft, and if applicable, EMS ground vehicle is added, with submission of the nonrefundable fee, if applicable; and

(C) There is a change in the:

(i) Official business address;

(ii) Service director/administrator;

(iii) Medical director, with submission of the new agreement; and/or

(iv) Physical sub location or station address.

(f) The rotor-wing air medical provider shall designate or employ a medical director who shall meet the following qualifications:

(1) A physician who is currently licensed in the state of Texas, in good standing with the Texas Medical Board, in compliance with the Texas Board of Medical Examiners

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Rules, particularly regarding Emergency Medical Services as outlined in 22 TAC 197, and in compliance with Subtitle B of Title 3 of the Texas Occupations Code;

(2) Have knowledge and experience consistent with the transport of patients by air;

(3) Be knowledgeable in aeromedical physiology, stresses of flight, aircraft safety, patient care, and resource limitation of the aircraft, medical staff and equipment;

(4) Have access to consult with medical specialists for patient(s) whose illness and care needs are outside the medical director's area of practice; and

(g) The physician shall fulfill the following responsibilities:

(1) Ensure that there is a comprehensive plan/policy to address selection of appropriate aircraft, staffing and equipment;

(2) Be involved in the selection, hiring, training, and continuing education of all medical personnel;

(3) Be responsible for overseeing the development and maintenance of a continuous quality improvement program;

(4) Ensure that there is a plan to provide direction of patient care to the rotor-wing air medical personnel during transport. The system shall include on-line (radio/telephone) medical control, and/or appropriate system for off-line medical control such as written guidelines, protocols, procedures, patient specific written orders or standing orders;

(5) Participate in any administrative decision making processes that affect patient care;

(6) Ensure that there is an adequate method for on-line medical control, and that there is a well defined plan or procedure and resources in place to allow off-line medical control; and

(7) Oversee the review, revision and validation of written medical policies and protocols annually.

(h) There shall be two Texas licensed/certified personnel on board the helicopter when in service. A waiver to the Texas license/certification may be granted for personnel employed by providers in New Mexico, Oklahoma, Arkansas, and Louisiana who respond in Texas and are licensed in their respective state. Staffing of aircraft shall be as follows:



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(1) When responding to an emergency scene, at least one of the personnel shall be a Texas certified or licensed paramedic;

(2) When responding for an inter-facility transfer, at least one of the personnel performing patient care duties shall be a Texas certified or licensed paramedic, registered nurse or physician. The qualifications and numbers of air medical personnel shall be appropriate to the patient care needs;

(3) When responding as in paragraphs (A) and (B) of this subsection, the second person ~~may~~ **must** be a Texas certified or licensed paramedic, registered nurse, **physician's assistant, nurse practitioner** or a physician; and

(4) Air medical personnel shall not be assigned or assume the cockpit duties of the flight crew members concurrent with patient care duties and responsibilities.

**(5) The helicopter shall be operated by a pilot or pilots licensed or certified by the United States Federal Aviation Administration (FAA) and operated in accordance with all applicable FAA regulations.**

(i) Documentation of successful completion of training specific to the helicopter transport environment in general and the licensee's operation specifically shall be required. The curriculum shall be consistent with the Department of Transportation (DOT) Air Medical Crew – National Standard Curriculum or equivalent program and each attendant's qualifications shall be documented.

**(j) Medical supplies, equipment, and medication shall be fully supportive of and consistent with the service's scope of care as approved by the medical director. Medical equipment shall be functional without interfering with the avionics nor should avionics interfere with the function of the medical equipment. Additionally the following equipment, clean and in working order, must be on the aircraft or immediately available for all providers:**

(1) One or more stretchers capable of being secured in the aircraft which meet the following criteria:

(A) Can accommodate an adult, 6 feet tall weighing 212 pounds. There shall be restraining devices or additional appliances available to provide adequate restraint of all patients including those under 60 pounds or 36 inches in height;

(B) Shall have the head of the primary stretcher capable of being elevated up to 30 degrees. The elevating section shall not interfere with or require that the patient or stretcher securing straps and hardware be removed or loosened;



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345 (C) Shall be sturdy and rigid enough that it can support cardiopulmonary  
346 resuscitation. If a backboard or equivalent device is required to achieve this, such  
347 device will be readily available;

348

349 (D) Shall have a pad or mattress impervious to moisture and easily cleaned and  
350 disinfected according to Occupational Safety and Health Administration (OSHA)  
351 bloodborne pathogen requirements; and

352

353 (E) Shall have a supply of linen for each patient;

354

355 (2) Adequate amounts of oxygen (for anticipated liter flow and length of flight with  
356 an emergency reserve) available for every mission;

357

358 (3) One portable oxygen tank with regulator;

359

360 (4) A back-up source of oxygen (of sufficient quantity to get safely to a facility for  
361 replacements). Back-up source may be the required portable tank if the tank is  
362 accessible in the patient care area during the flight;

363

364 (5) Airway adjuncts as follows:

365

366 (A) Oropharyngeal airways in at least five assorted sizes, including adult, child,  
367 and infant; and

368

369 (B) Nasopharyngeal airways in at least three sizes with water soluble lubricant;

370

371 (6) At least one suction unit which is portable (bulb syringes or foot pump not  
372 acceptable);

373

374 (7) The following items in amounts and sizes as specified on a list signed by the  
375 medical director:

376

377 (A) IV solutions;

378

379 (B) IV catheters;

380

381 (C) Endotracheal tubes;

382

383 (D) Medications;

384

385 (E) Any specialized equipment required in medical treatment protocols/standing  
386 orders;

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388 (F) Pressure bag;

389

390 (G) Tourniquets, tape, dressings; and

391

392 (H) Container appropriate to contain used sharp devices (needles, scalpels) which  
393 meet OSHA requirements;

394

395 (8) Assessment equipment as follows:

396

397 (A) Equipment suitable to determine blood pressure of the adult, pediatric and  
398 infant patient(s) during flight;

399

400 (B) Stethoscope;

401

402 (C) Penlight/flashlight;

403

404 (D) Heavy duty bandage scissors;

405

406 (E) Pulse oximeter;

407

408 (F) External cardiac pacing device; and

409

410 (G) IV infusion pump capable of strict mechanical control of an IV infusion drip  
411 rate. Passive devices such as dial-a-flow are not acceptable;

412

413 (9) Bandages and dressings as follows:

414

415 (A) Sterile dressings such as 4x4s, ABD pads;

416

417 (B) Bandages such as Kerlix, Kling; and

418

419 (C) Tape in various sizes;

420

421 (10) Container(s) and methods to collect, contain, and dispose of body fluids such as  
422 emesis, oral secretions, and blood consistent with OSHA bloodborne pathogen  
423 requirements;

424

425 (11) Infection control equipment. The licensee shall have a sufficient quantity of the  
426 following supplies for all air medical personnel, and each flight crew member, and all  
427 ground personnel with incidental exposure risks according to OSHA requirements  
428 which includes but is not limited to:

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- 430 (A) Protective gloves;  
431  
432 (B) Protective gowns;  
433  
434 (C) Protective eyewear;  
435  
436 (D) Protective face masks;  
437  
438 (E) An approved bio-hazardous waste plastic bag or impervious container to  
439 receive and dispose of used supplies; and  
440  
441 (F) Hand washing capabilities or antiviral towelettes;  
442  
443 (12) An adequate trash disposal system exclusive of bio-hazardous waste control  
444 provisions;  
445  
446 (13) Security of medications, fluids, and controlled substances shall be maintained by  
447 each air medical licensee in compliance with local, state, and federal drug laws;  
448  
449 (14) Cardiac monitor defibrillator – DC battery powered portable  
450 monitor/defibrillator with paper printout, accessories and supplies, with sufficient  
451 power supply to meet demands of the mission; and  
452  
453 (15) Quantity and type of ~~drugs~~ medications and specialized equipment as specified  
454 on the medical director's medication list.  
455  
456 (16) The protocols shall have an effective date and an expiration date which  
457 correspond to the inclusive dates of the provider's EMS license.  
458  
459 (k) Surveys. All initial candidates for a provider license shall be required to have a  
460 comprehensive survey by the department prior to the license being granted. Surveys may  
461 be conducted for cause on any licensed provider.  
462  
463 (l) Unannounced inspections. Randomly and/or in response to complaints, the  
464 department may conduct unannounced inspections to insure compliance of the provider  
465 license holder. Inspections may be conducted at any time, including nights and  
466 weekends. The department may review all components of provider licensure during  
467 unannounced inspection. Violations or deficiencies may result in disciplinary action as  
468 authorized by §157.16 of this title (relating to Emergency Suspension, Suspension,  
469 Probation, Revocation or Denial or a Provider License). The department may grant a  
470 reasonable period of time for the provider to correct deficiencies. If the department must  
471 reinspect the provider because of noncompliance noted during a previous inspection, the  
472 provider shall pay a nonrefundable administrative fee of \$30, if applicable.

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(m) Failure to correct identified deficiencies within a period of time determined to be reasonable by the department or if the deficiencies are found to be repeated, the provider shall be subject to disciplinary actions in accordance with §157.16 of this title.

(n) Denial of a rotor-wing air medical provider application. A license may be denied as authorized by §157.16 of this title (relating to Emergency Suspension, Suspension, Probation, Revocation or Denial or a Provider License) and in addition to:

(1) A rotor-wing air medical provider's failure to meet accreditation by the Commission on Accreditation of Medical Transport Systems (CAMTS) or a department approved process during any rotor-wing air medical provider's previous initial application period/process.

(o) Renewal of License and Designations.

(1) The department shall notify the rotor-wing air medical provider at least 90 days before the expiration date of the current license at the address shown in the current records of the department. It is the responsibility of the provider to notify the department of any change of address. If a notice of expiration is not received, it is the responsibility of the provider to notify the department and request license renewal information.

(2) Providers shall submit a completed application and nonrefundable fee, if applicable, and must verify continuing compliance with the requirements of their license.

(3) A rotor-wing air medical provider must become accredited through the Commission on Accreditation of Medical Transport Systems (CAMTS) or by a department approved process by the date their initial Texas EMS Provider License expires.

(A) Applicants for Texas EMS Provider License renewal may request a survey through the Commission on Accreditation of Medical Transport Systems (CAMTS) or by a department approved process. **Do we need to have more specific "department" like DSHS?**

(B) Surveyors will be at a minimum CAMTS-trained. The composition of the survey team shall in accordance with CAMTS Policy and Procedures.

(C) The applicant shall notify the department of the requested date of the planned survey and the composition of the survey team. The applicant shall provide the department with the Program Information Form (PIF). The department shall

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- 516 retain authority to require a change in the date or the composition of the survey  
517 team.  
518
- 519 (D) The applicant shall be responsible for any expenses associated with the  
520 survey.  
521
- 522 (E) The department, at its discretion, may assign one or more staff members or  
523 department approved peer reviewers to participate in the survey. In this event, the  
524 cost for the employees shall be borne by the department.  
525
- 526 (F) The survey shall be based upon the current standards of the Accreditation  
527 Standards of the Commission on Accreditation of Medical Transport Systems  
528 (CAMTS) at the time of the rotor-wing air medical provider's site survey.  
529
- 530 (G) The survey shall be completed by the date their initial Texas EMS Provider  
531 License expires.
- 532 (H) The designated CAMTS-trained surveyor shall submit a copy of the site  
533 survey report to the department within 14 days after the completion of the survey.  
534
- 535 (I) The department will evaluate the site survey report, however all other  
536 requirements for licensure must be met before a provider license will be issued.  
537
- 538 (J) Rotor-wing air medical providers seeking or holding CAMTS accreditation  
539 must provide the department with any and all copies of correspondence sent to  
540 and received from CAMTS including the Program Information Form (PIF), site  
541 survey report and any correspondence related to the survey or accreditation status.  
542
- 543 (K) The department will consider current CAMTS accreditation when reviewing  
544 a provider license renewal application, however all other requirements for  
545 licensure must be met before a renewal provider license will be issued.  
546
- 547 (L) Rotor-wing air medical providers, including those accredited by CAMTS  
548 must follow the renewal process in section (o) of this chapter in order to  
549 renew their Texas EMS provider license.  
550
- 551 (M) An EMS provider shall not operate prior to the issuance or upon expiration of  
552 the provider license.  
553
- 554 (N) The department may grant an exception if it finds that compliance with this  
555 section would not be in the best interest of the persons served in the affected  
556 local system.  
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- 558 (4) If a provider has not met all requirements for a provider license, including  
559 accreditation as listed in (3) above, the provider may apply for a provisional license  
560 by submitting a request and, in addition to the regular nonrefundable administrative  
561 licensure fee, if applicable, a nonrefundable fee of \$30. One provisional license,  
562 valid for not more than 60 days, may be granted only to prevent probable adverse  
563 impact to the health and safety of the service community. Without a provisional  
564 license, a provider may not operate if there is a lapse in time between license  
565 expiration and license expiration and license renewal.  
566
- 567 (5) The department may issue a renewal license for less than two years for  
568 administrative purposes. Licensed EMS providers shall comply with all requirements  
569 of their license at all times.  
570
- 571 (6) For all applications and renewal applications, the department (or the board) is  
572 authorized to collect subscription and convenience fees, in amounts determined by the  
573 Texas Online Authority, to recover costs associated with application and renewal  
574 application processing through Texas Online.